Ambulance Subscription Program

Enrollment applications will be accepted October - December 2011.

The City of Longview through the Emergency Medical Services provided by the Fire Department is committed to providing quality, affordable emergency ambulance care as a service to all residents of Longview. This subscription program is an optional plan that is available to all citizens except Medicaid recipients of our community.

Statistics show one in four Longview residents will need emergency care sometime in their lives. Because members are not worrying about the ambulance bill, they are calling for help sooner. Results prove that prompt emergency attention increases survival rates.

Participants will pay only \$70.00 per year for emergency ground ambulance service. This fee can be paid through a one-time payment by check, cash, money order or Visa/Master Card or Discover. <u>Download Application</u> [1]

Eligibility

- 1. Must be a resident of Longview, Texas
- 2. Coverage for head of household, spouse, and any unmarried dependent children under 25 years of age and a full time student.
- 3. Other dependents of the household must have court documented guardianship papers
- 4. Medicaid recipients cannot participate in this program
- 5. Authorization for the City of Longview to obtain entitled benefits from insurance carriers and Medicare will be required.

Benefits

- 1. No out-of-pocket expenses for emergency ground ambulance use
- 2. Unlimited emergency (only) transports per enrolled member
- 3. Coverage for all eligible household members

Terms of Agreement

- 1. This subscription is non-refundable and non-transferable
- 2. Violations of the terms of the agreement or false information entered on the subscription application may result in immediate cancellation of the subscription

Ambulance Subscription Program Application [1]

Source URL: http://fire.longviewtexas.gov/ambulance-subscription-program

Links:

[1] http://fire.longviewtexas.gov/sites/default/files/files/fire/AmbSubPacketFULL2010.pdf